

215047739
70260

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 149	Agency Case No. B5-107463	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		(In Military Time) TIME OF ACCIDENT 2312	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2317	11/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Lakeside Dr Surfside Dr and West S		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	10		132.00 X West S			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	
F	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	H13710579		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER MEGAN N GREGORY		PHONE 4028024042	LOCAL NO.		
V2/N	DRIVER ADDRESS 1738 N 27TH ST APT 2, LINCOLN, NE 68503		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/07/1997	
G	OWNER MEGAN GREGORY		PHONE 4028024042	LOCAL NO.		
2	OWNER ADDRESS 1738 N 27th #2, Lincoln, NE 68503		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB486288	
H	LICENSE PLATE PA NO.	TWG627		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	2003	Hyundai	EST	4 door Sedan	blue
4	VEHICLE ID NO. (VIN)	KMHDN45D53U494919		INSURANCE COMPANY	21 St Century/AIG Direct	
V2/O	TOWED TO	Capital Towing		TOWED BY	Capital Towing	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE	LOCAL NO.		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER		PHONE	LOCAL NO.		
01	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
01	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
K	TOWED TO			TOWED BY	POLICY NO.	
01						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
1	MEGAN N GREGORY	1738 N 27th #2, Lincoln, NE 68503		07/07/1997	5 Trans.	SEX F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
	4028024042					
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

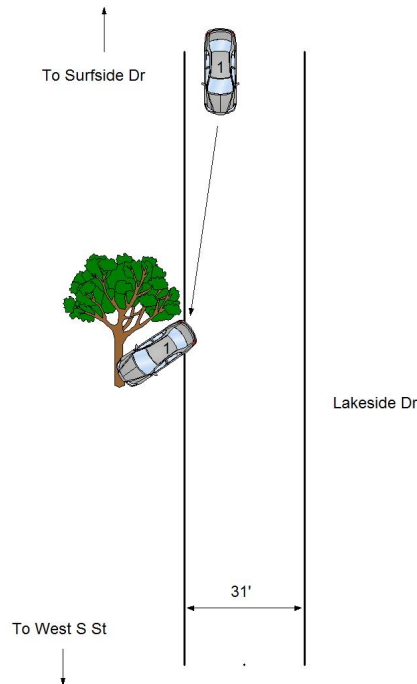
AGENCY CASE NO.
B5-107463



Indicate
North
by Arrow



POI- 132'4" North of the North curb of West S
4' West of the West curb of Lakeside Dr



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 reports that she was headed Southbound on Lakeside Dr approaching West S St, 40mph. Driver of vehicle #1 stated that she lost control of her vehicle and she struck the curb and went off the road and struck the tree.

PROPERTY	OBJECT DAMAGED Tree	OWNER NAME Dept of Roads Lincoln 302 Superior St, Lincoln, NE 68521	ADDRESS	PHONE 402 471-4567	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																											
1		X			Lakeside Dr								4				2				<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																																	
Y		Y	Y																																	
ALCOHOL LEVEL TESTED	N	X	N																																	
2																																				
1	01				06 Turning left				POINT OF IMPACT				01				1				<table border="1" style="width:100%;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1								
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																																		
1																																				
2					08 Entering traffic lane				MOST DAMAGED AREA				01																							
					09 Leaving traffic lane				02 None				03				04																			
					10 Parked				09 Top & windows				01				05																			
					11 Slowing or stopped in traffic				10 Undercarriage				02				06																			
					12 Other				11 Total (all areas)				03				07																			
					13 Unknown				12 Other				04				08																			

OFFICER NO. 1307	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brock Wagner		INVESTIGATOR SIGNATURE Approved by Officer Brock Wagner	DATE OF REPORT 11/18/2015